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PTO/SB/05 (4/98)

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041304

U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M419.12-0044

First Inventor or Application Identifier Benjamin Y.H. Liu

Title METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS

Express Mail Label No. EV388911461US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

10/823143 U.S. PTO

- | | | | | | |
|-----|--|-------------------|-----|---|--|
| 1. | <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing) | | 7. | <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix) | |
| 2. | <input type="checkbox"/> Applicant Claims small entity status | | 8. | Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary) | |
| 3. | <input checked="" type="checkbox"/> Specification | [Total Sheets 52] | a. | <input type="checkbox"/> Computer Readable Copy | |
| | (preferred arrangement set forth below
- Descriptive title of the Invention) | | b. | Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or
ii. <input type="checkbox"/> Paper | |
| | - Cross References to Related Applications | | c. | <input type="checkbox"/> Statement verifying identity of above copies | |
| | - Statement Regarding Fed sponsored R & D | | | | |
| | - Reference to Microfiche Appendix | | | | |
| | - Background of the Invention | | | | |
| | - Brief Summary of the Invention | | | | |
| | - Brief Description of the Drawings (if filed) | | | | |
| | - Detailed Description | | | | |
| | - Claim(s) | | | | |
| | - Abstract of the Disclosure | | | | |
| 4. | <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 23] | | 9. | <input type="checkbox"/> Copy of Assignment | |
| 5. | Oath or Declaration [Total Sheets 3] | | 10. | <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee) | |
| a. | <input type="checkbox"/> Newly executed (original or copy) | | 11. | <input type="checkbox"/> English Translation Document (if applicable) | |
| b. | <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed) | | 12. | <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449 <input type="checkbox"/> Copies of IDS Citations | |
| i. | <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application,
see 37 C.F.R. §§1.63(d)(2) and 1.33(b). | | 13. | <input checked="" type="checkbox"/> Preliminary Amendment | |
| 6. | <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 14. | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 18. | If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:
<input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation –in part (CIP) of prior application No: 09/679,936
Prior application information: Examiner Samuel P. Sieffke Group/Art Unit: 1743 | | | | |

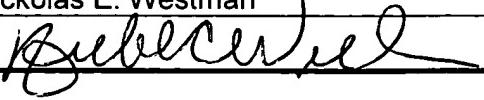
FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

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Signature			Date	4/13/04

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17169 U.S.P.O

FEE TRANSMITTAL

Complete If Known	
Application No.	
Filing Date	HEREWITH
First Named Inventor	Benjamin Y.H. Liu
Title	METHOD AND APPARATUS FOR CASCADE IMPACTOR TESTING OF INHALABLE DRUG THERAPIES RECOVERY FOR CHEMICAL ANALYSIS
Group Art Unit	
Examiner Name	
Total Amount of Payment \$ 385	Atty. Docket Number M419.12-0044

METHOD OF PAYMENT (Check One)

1. The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. PTO Form 2038 Enclosed

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Fee Description</u>
1001	770	2001	385	<input checked="" type="checkbox"/> Utility Filing Fee
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$ 385

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	18	20	0	18	0
Indep.	3	3	0	86	0

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
Fee	Fee	Fee	Fee	
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claims
1204	86	2204	43	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Other Fee (specify) _____

Subtotal (2) \$ 0

Subtotal (3) \$

Signature

(Nicholas E. Westman)

Reg. No. 20,147

Date

Deposit Account No. 23-1123